

International Standard Version of 2001/02 HBSC Mandatory Questionnaire

The order of the questions presented here is by focus area and is NOT the recommended order for final national questionnaires.

Certain items contain brief notes where adaptations are possible.

Total number of mandatory items:

108 for 11 & 13 year olds

122 for 15 year olds

Demographics

1. **Are you a boy or a girl ?**

Boy

Girl

2. **What class are you in?**

Country specific Grade (11 year old)

Country specific Grade (13 year old)

Country specific Grade (15 year old)

3. **What month were you born?** _____

4. **What year were you born?** _____

Eating and Dieting

5. How often do you usually have **breakfast**(more than a glass of milk or fruit juice*¹)?

Please tick one box for weekdays and one box for weekend

- Weekdays**²
- I never have breakfast during
- ¹ weekdays
- ² One day
- ³ Two days
- ⁴ Three days
- ⁵ Four days
- ⁶ Five days

- Weekend**³
- ¹ I never have breakfast during the weekend
I usually have breakfast on only one day of the
- ² weekend (Saturday OR Sunday)
- ³ I usually have breakfast on both weekend days
(Saturday AND Sunday)

Source: HBSC new item

6. How often do you usually have **lunch (midday meal)**(more than a drink or a snack)?

Please tick one box for weekdays and one box for weekend

- Weekdays**²
- ¹ I never have lunch during weekdays
- ² One day
- ³ Two days
- ⁴ Three days
- ⁵ Four days
- ⁶ Five days

- Weekend**³
- ¹ I never have lunch during the weekend
I usually have lunch on only one day of the
- ² weekend (Saturday OR Sunday)
- ³ I usually have lunch on both weekend days
(Saturday AND Sunday)

Source: HBSC new item

¹ Instead of fruit juice or milk, country specific examples can be given

² Weekdays could be replaced by schooldays if necessary for translation purposes.

³ Countries that have translation problems with weekend and that have school on six days should replace "Weekend" by a country specific alternative e.g. "Sunday", "Sabbath"...and the answering categories should be changed into 1) I usually don't have breakfast/lunch/dinner on "Sunday"/"Sabbath". 2) I usually have breakfast/lunch/dinner on Sunday/Sabbath. In this case a seventh answering category should also be

added in the “Weekdays” column, namely “six days”.

7. How often do you usually have supper (evening meal)(more than a drink or a snack)?
Please tick one box for weekdays and one box for weekend

Weekdays²

- 1 I never have an evening meal during weekdays
- 2 One day
- 3 Two days
- 4 Three days
- 5 Four days
- 6 Five days

Weekend³

- 1 I never have an evening meal during the weekend
- 2 I usually have an evening meal on only one day of the weekend (Saturday OR Sunday)
- 3 I usually have an evening meal on both weekend days (Saturday AND Sunday)

Source: HBSC new item

8. At present are you on a diet or doing something else to lose weight?

- 1 No, my weight is fine
- 2 No, but I should lose some weight
- 3 No, because I need to put on weight
- 4 Yes

SOURCE: HBSC 1994, 1998 (C37) **REVISED**

9. Do you think your body is.....?

- 1 Much too thin
- 2 A bit too thin
- 3 About the right size
- 4 A bit too fat
- 5 Much too fat

SOURCE: HBSC 1994, 1998 (C77) **REVISED**

10. How much do you weigh without clothes?

11. How tall are you without shoes?

Notes: Country option to use pounds, feet and inches; stones etc.
NSD will provide a program file for converting national coding to metric system

12. How many times a week do you usually eat or drink ?

Please tick one box for each line

| | 1) <i>never</i> | 2) <i>less than once a week</i> | 3) <i>once a week</i> | 4) <i>2-4 days a week</i> | 5) <i>5-6 days a week</i> | 6) <i>once a day, every day</i> | 7) <i>Every day, more than once</i> |
|---|-------------------------------------|--|------------------------------|----------------------------------|----------------------------------|--|---|
| 1. Fruits | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Vegetables | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sweets (candy or chocolate) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Coke or other soft drinks that contain sugar | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Any alcoholic drink | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SOURCE: HBSC 1986, 1990, 1994, 1998 (C24-C28) **REVISED**

13. How often do you brush your teeth?

- 1 More than once a day
- 2 Once a day
- 3 At least once a week but not daily
- 4 Less than once a week
- 5 Never

SOURCE: HBSC 1986, 1990, 1994, 1998 (C23)

Physical Activity:

Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time.

Physical activity can be done in sports, school activities, playing with friends, or walking to school.

Some examples of physical activity are running, brisk walking, rollerblading, biking, dancing, skateboarding, swimming, soccer, basketball, football, & surfing. *[COUNTRY SPECIFIC EXAMPLES CAN BE GIVEN]*

For these next two questions, add up all the time you spend in physical activity each day.

14. Over the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?

0 days 1 2 3 4 5 6 7 days

15. Over a typical or usual week, on how many days are you physically active for a total of at least 60 minutes per day?

0 days 1 2 3 4 5 6 7 days

Notes: Responses to PA M1 & M2 will be combined (PA M1+ M2) /2 to give an average of weekly moderate to vigorous physical activity

SOURCE:

*A Physical Activity Screening Measure for Use with Adolescents in Primary Care
Judith J. Prochaska, M.S., James F. Sallis, Ph.D., Barbara Long, M.D., M.P.H.
From the Joint Doctoral Program in Clinical Psychology at San Diego State University & University of California, in press, 2001.*

16. About how many hours a day do you usually watch television (including videos) in your free time?

Please tick one box for weekdays and one box for weekend

| Weekdays | | Weekend | |
|--------------------------|-----------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | None at all | <input type="checkbox"/> | None at all |
| <input type="checkbox"/> | About half an hour a day | <input type="checkbox"/> | About half an hour a day |
| <input type="checkbox"/> | About 1 hour a day | <input type="checkbox"/> | About 1 hour a day |
| <input type="checkbox"/> | About 2 hours a day | <input type="checkbox"/> | About 2 hours a day |
| <input type="checkbox"/> | About 3 hours a day | <input type="checkbox"/> | About 3 hours a day |
| <input type="checkbox"/> | About 4 hours a day | <input type="checkbox"/> | About 4 hours a day |
| <input type="checkbox"/> | About 5 hours a day | <input type="checkbox"/> | About 5 hours a day |
| <input type="checkbox"/> | About 6 hours a day | <input type="checkbox"/> | About 6 hours a day |
| <input type="checkbox"/> | About 7 or more hours a day | <input type="checkbox"/> | About 7 or more hours a day |

SOURCE: HBSC 1986, 1990, 1994, 1998 (C56) **REVISED**

17. About how many hours a day do you usually spend doing school homework out of school hours?

Please tick one box for weekdays and one box for weekend

| Weekdays | | Weekend | |
|--------------------------|-----------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | None at all | <input type="checkbox"/> | None at all |
| <input type="checkbox"/> | About half an hour a day | <input type="checkbox"/> | About half an hour a day |
| <input type="checkbox"/> | About 1 hour a day | <input type="checkbox"/> | About 1 hour a day |
| <input type="checkbox"/> | About 2 hours a day | <input type="checkbox"/> | About 2 hours a day |
| <input type="checkbox"/> | About 3 hours a day | <input type="checkbox"/> | About 3 hours a day |
| <input type="checkbox"/> | About 4 hours a day | <input type="checkbox"/> | About 4 hours a day |
| <input type="checkbox"/> | About 5 hours a day | <input type="checkbox"/> | About 5 hours a day |
| <input type="checkbox"/> | About 6 hours a day | <input type="checkbox"/> | About 6 hours a day |
| <input type="checkbox"/> | About 7 or more hours a day | <input type="checkbox"/> | About 7 or more hours a day |

SOURCE: HBSC: new item

18. About how many hours a day do you usually use a computer (for playing games, emailing, chatting or surfing the internet) in your free time?

Please tick one box for weekdays and one box for weekend

| Weekdays | | Weekend | |
|--------------------------|-----------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | None at all | <input type="checkbox"/> | None at all |
| <input type="checkbox"/> | About half an hour a day | <input type="checkbox"/> | About half an hour a day |
| <input type="checkbox"/> | About 1 hour a day | <input type="checkbox"/> | About 1 hour a day |
| <input type="checkbox"/> | About 2 hours a day | <input type="checkbox"/> | About 2 hours a day |
| <input type="checkbox"/> | About 3 hours a day | <input type="checkbox"/> | About 3 hours a day |
| <input type="checkbox"/> | About 4 hours a day | <input type="checkbox"/> | About 4 hours a day |
| <input type="checkbox"/> | About 5 hours a day | <input type="checkbox"/> | About 5 hours a day |
| <input type="checkbox"/> | About 6 hours a day | <input type="checkbox"/> | About 6 hours a day |
| <input type="checkbox"/> | About 7 or more hours a day | <input type="checkbox"/> | About 7 or more hours a day |

*SOURCE: HBSC 1990, 1994, 1998
(C57) REVISED*

Risk Behaviour: substance use

19. Have you ever smoked tobacco? (At least one cigarette, cigar or pipe)

Yes

No

SOURCE: HBSC 1986, 1990, 1994, 1998 (C13)

20. How often do you smoke tobacco at present?

Every day

At least once a week, but not every day

Less than once a week

I do not smoke

SOURCE: HBSC 1986, 1990, 1994, 1998 (C14)

21. At present, how often do you drink anything alcoholic, such as beer, wine or spirits like... [Add appropriate examples]? Try to include even those times when you only drink a small amount.

Please tick one box for each line

| | 1) Every day | 2) Every week | 3) Every month | 4) Rarely | 5) Never |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Beer | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Wine | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Spirits / Liquor | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>(National drinks categories can be added as appropriate)</i> | | | | | |

SOURCE: HBSC 1986, 1990, 1994, 1998 (C17-C19)

22. Have you ever had so much alcohol that you were really drunk?

No, never

Yes, once

Yes, 2-3 times

Yes, 4-10 times

Yes, more than 10 times

SOURCE: HBSC 1986, 1990, 1994, 1998 (C20)

23. At what age did you first do the following things?

If there is something you have not done, choose the 'never' category.

1. Drink alcohol (more than a small amount) Never I was years old

Write in the box how old you were

2. Get drunk Never I was years old
Write in the box how old you were

3. Smoke a cigarette (more than a puff) Never I was years old
Write in the box how old you were

SOURCE: HBSC new item

Drug use - 15 year olds only

24. Have you ever taken cannabis? Please tick one box for each line.

| | 1) Never | 2) Once or twice | 3) 3 to 5 times | 4) 6 to 9 times | 5) 10 to 19 times | 6) 20 to 39 times | 7) 40 times or more |
|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. In your life | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. In the last 12 months | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

SOURCE: ESPAD (European School Survey Project on Alcohol & other Drugs, 1995)

Sexual health- 15 year olds only

25. Have you ever had sexual intercourse (sometimes this is called "making love," "having sex," or "going all the way" or other appropriate colloquial terms)?

Yes

No

SOURCE: Youth Risk Behaviour Survey (YRBS), CDC

26. How old were you when you had sexual intercourse for the first time?

- 1 I have never had sexual intercourse
- 2 11 years old or younger
- 3 12 years old
- 4 13 years old
- 5 14 years old
- 6 15 years old
- 7 16 years old

SOURCE: YRBS

27. The last time you had sexual intercourse, did you or your partner use a condom?

- 1 I have never had sexual intercourse
- 2 Yes
- 3 No

SOURCE: YRBS

28. The last time you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy?

I have never had sexual intercourse Go to the next question

No method was used to prevent pregnancy Go to the next question

| | Yes | No |
|-------------------------------|----------------------------------|----------------------------------|
| Birth control pills | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Condoms | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Spermicidal spray or foam | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Withdrawal | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| (National choice option here) | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Some other method | <input checked="" type="radio"/> | <input checked="" type="radio"/> |
| Not sure | <input checked="" type="radio"/> | |

SOURCE: YRBS adapted

Violence & Injuries:

Injuries

Many young people get hurt or injured from activities such as playing sports or fighting with others at different places such as the street or home. Injuries can include being poisoned or burned. Injuries do not include illnesses such as Measles or the Flu. The following questions are about injuries you may have had during the past 12 months.

29. During the past 12 months, how many times were you injured and had to be treated by a doctor or nurse?

- 1 **D** I was not injured in the past 12 months
- 2 **D** 1 time
- 3 **D** 2 times
- 4 **D** 3 times
- 5 **D** 4 times or more

SOURCE: HBSC 1994

Violence

30. During the past 12 months, how many times were you in a physical fight?

- 1 **D** I have not been in a physical fight
- 2 **D** 1 time
- 3 **D** 2 times
- 4 **D** 3 times
- 5 **D** 4 times or more

SOURCE: Brener ND, Collins JL, Kann L, Warren CW, Williams BI. Reliability of the youth risk behavior survey questionnaire. Am J Epidemiol. 1995;141:575-580

Bullying

Here are some questions about bullying. We say a student is **BEING BULLIED** when another student, or a group of students, say or do nasty and unpleasant things to him or her. It is also bullying when a student is teased repeatedly in a way he or she does not like or when they are deliberately left out of things. But it is **NOT BULLYING** when two students of about the same strength or power argue or fight. It is also not bullying when the teasing is done in a friendly and playful way.

31. How often have you been bullied at school in the past couple of months?

- 1 **D** I haven't been bullied at school the past couple of months
- 2 **D** It has only happened once or twice
- 3 **D** 2 or 3 times a month
- 4 **D** About once a week
- 5 **D** Several times a week

SOURCE: Olweus, D, 1996: The revised Olweus Bully/Victim Questionnaire. Mimeo. HEMIL, University of Bergen, N-5015 Bergen, Norway

32. How often have you taken part in bullying another student(s) at school in the past couple of months?

- 1 **D** I haven't bullied another student(s) at school in the past couple of months
- 2 **D** It has only happened once or twice
- 3 **D** 2 or 3 times a month
- 4 **D** About once a week
- 5 **D** Several times a week

SOURCE: Olweus, D, 1996: The revised Olweus Bully/Victim Questionnaire. Mimeo. HEMIL, University of Bergen, N-5015 Bergen, Norway

Family Culture

33. Now we'd like to ask you about who you live with.

Not everyone lives with both their parents. Sometimes people live with just one parent, sometimes they have two homes or two families. Please fill in column **A** for your **main or your only home**. Fill in column **B** if you have a second home (not including holiday or summer houses).

A



Please tick all the people who live here.

Adults:

- 1 Mother
 2 Father
 3 Stepmother (or father's girlfriend)
 4 Stepfather (or mother's boyfriend)
 5 Grandmother
 6 Grandfather
 7 I live in a foster home or childrens home
 Someone or somewhere else: *please write*
 8 *it down*

Children:

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.

How many **brothers**? _____

How many **sisters**? _____

M34. Do you stay here.....

- 1 All the time
 2 Most of the time
 3 Half the time

*SOURCE: HBCS 1986, 1990,
 1994, 1998 REVISED*

B



Please tick all the people who live here.

Adults:

- 1 Mother
 2 Father
 3 Stepmother (or father's girlfriend)
 4 Stepfather (or mother's boyfriend)
 5 Grandmother
 6 Grandfather
 7 I live in a foster home or childrens home
 8 Someone or somewhere else: *please write it*
down

Children:

Please say how many brothers and sisters live here (including half, step or foster brothers and sisters). Please write in the number or write 0 (zero) if there are none.

How many **brothers**? _____

How many **sisters**? _____

Do you stay here.....

- 1 Half the time
 2 Regularly but less than half the time
 3 At weekends
 4 Sometimes
 5 Hardly ever

35. How easy is it for you to talk to the following persons about things that really bother you? Please tick one box for each line

| | 1) very easy | 2) easy | 3) difficult | 4) very difficult | 5) don't have or see this person |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| 1. Father | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Stepfather (or mother's boyfriend) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Mother | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Stepmother (or father's girlfriend) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Elder brother (s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Elder sister (s) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Best friend | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Friends of the same sex | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Friends of the opposite sex | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SOURCE: HBSC 1986, 1990, 1994, 1998
(C66-C71)

Peer Culture:

36. At present, how many close male and female friends do you have? Please tick one box each column

- | <u>Males</u> | <u>Females</u> |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> One | <input type="checkbox"/> One |
| <input type="checkbox"/> Two | <input type="checkbox"/> Two |
| <input type="checkbox"/> Three or more | <input type="checkbox"/> Three or more |

SOURCE: HBSC 1994, 1998 (C72) **REVISED**

37. How many days a week do you usually spend time with friends right after school?

- 0 days
 1
 2
 3
 4
 5
 6 (can be added in countries where 6 day school week)

SOURCE: HBSC 1986, 1990, 1994, 1998 (C74) **REVISED**

38. How many evenings per week do you usually spend out with your friends?

- 0 evenings
 1
 2
 3
 4
 5
 6
 7 evenings

SOURCE: HBSC 1986, 1990, 1994, 1998 (C75)

39. How often do you talk to your friend(s) on the phone or send them text or email messages?

- Rarely or never
 1 or 2 days a week
 3 or 4 days a week
 5 or 6 days a week
 Every day

SOURCE: HBSC new item

Positive health:

40. In the last 6 months: how often have you had the following....? Please tick one box for each line

| | 1) <i>About every day</i> | 2) <i>More than once a week</i> | 3) <i>About every week</i> | 4) <i>About every month</i> | 5) <i>Rarely or never</i> |
|-------------------------------------|-------------------------------------|------------------------------------|-------------------------------|--------------------------------|------------------------------|
| 1) Headache | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Stomach-ache | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Back ache | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Feeling low | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Irritability or bad temper | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Feeling nervous | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Difficulties in getting to sleep | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Feeling dizzy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SOURCE: HBSC 1986, 1990, 1994, 1998 (C43-C50)

41. Would you say your health is.....?

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor

SOURCE: Idler, E. L. & Benyamini, Y. (1997). Self-rated health and mortality: A review of twenty-seven community studies. *Journal Of Health And Social Behavior*, 38, 21-37.

42.

Here is a picture of a ladder.

The top of the ladder '10' is the best possible life for you and the bottom '0' is the worst possible life for you.

In general, where on the ladder do you feel you stand at the moment?

Tick the box next to the number that best describes where you stand.

| | | | |
|--------------------------|---|----|----------------------------|
| <input type="checkbox"/> | D | 10 | Best possible life |
| <input type="checkbox"/> | D | 9 | |
| <input type="checkbox"/> | D | 8 | |
| <input type="checkbox"/> | D | 7 | |
| <input type="checkbox"/> | D | 6 | |
| <input type="checkbox"/> | D | 5 | |
| <input type="checkbox"/> | D | 4 | |
| <input type="checkbox"/> | D | 3 | |
| <input type="checkbox"/> | D | 2 | |
| <input type="checkbox"/> | D | 1 | |
| <input type="checkbox"/> | D | 0 | Worst possible life |

SOURCE: Cantril, H. (1965). The pattern of human concern. Rutgers University Press.

School setting:

43. **In your opinion, what does your class teacher(s) think about your school performance compared to your classmates?**

- 1 **D** Very good
- 2 **D** Good
- 3 **D** Average
- 4 **D** Below average

SOURCE: HBSC 1986, 1990, 1994, 1998 (C10)

44. **How do you feel about school at present?**

- 1 **D** I like it a lot
- 2 **D** I like it a bit
- 3 **D** I don't like it very much
- 4 **D** I don't like it at all

SOURCE: HBSC 1986, 1990, 1994, 1998 (C11)

45. **Here are some statements about the students in your class(es). Please show how much you agree or disagree with each one. Please tick one box for each line**

| | | | | | |
|--|----------|-------|-----------|----------|----------|
| | 1) | 2) | 3) | 4) | 5) |
| | Strongly | | Neither | | Strongly |
| | agree | Agree | agree nor | Disagree | disagree |
| | | | disagree | | |

- | | | | | | |
|--|---------------------|---------------------|---------------------|---------------------|---------------------|
| 1. The students in my class(es) enjoy being together | D | D | D | D | D |
| 2. Most of the students in my class(es) are kind and helpful | D | D | D | D | D |
| 3. Other students accept me as I am | D | D | D | D | D |

SOURCE: HBSC 1994, 1998 (F10, F12)
REVISED

46. **How pressured do you feel by the schoolwork you have to do?**

- 1 **D** Not at all
- 2 **D** A little
- 3 **D** Some
- 4 **D** A lot

SOURCE: HBSC 1994, 1998 (F24)

Social Inequality:

47. Father

Does your father have a job?

- ¹ Yes
- ² No
- ³ Don't know
- ⁴ Don't have or don't see father

If YES, please say in what place he works

(for example: hospital, bank, restaurant)

.....

Please write down exactly what job he does there (for example: teacher, bus driver)

.....

If NO, why does your father not have a job?

(Please tick the box that best describes the situation)

- ¹ He is sick, or retired, or a student
- ² He is looking for a job
- ³ He takes care of others, or is full-time in the home
- ⁴ I don't know

Mother

Does your mother have a job?

- ¹ Yes
- ² No
- ³ Don't know
- ⁴ Don't have or don't see mother

If YES, please say in what place she works

(for example: hospital, bank, restaurant)

.....

Please write down exactly what job she does there (for example: teacher, bus driver)

.....

If NO, why does your mother not have a job?

(Please tick the box that best describes the situation)

- ¹ She is sick, or retired, or a student
- ² She is looking for a job
- ³ She takes care of others, or is full-time in the home
- ⁴ I don't know

SOURCE: HBSC 1986, 1990, 1994, 1998 REVISED

48. Does your family own a car, van or truck?

- 1 **D** No
- 2 **D** Yes, one
- 3 **D** Yes, two or more

SOURCE: HBSC 1994,1998 (Family Affluence Scale F25) REVISED

49. Do you have your own bedroom for yourself?

- 1 **D** No
- 2 **D** Yes

SOURCE: HBSC 1994,1998 (Family Affluence Scale F26)

50. During the past 12 months, how many times did you travel away on holiday (vacation) with your family?

- 1 **D** Not at all
- 2 **D** Once
- 3 **D** Twice
- 4 **D** More than twice

SOURCE: HBSC 1998 (Family Affluence Scale F28)

51. How many computers does your family own?

- 1 **D** None
- 2 **D** One
- 3 **D** Two
- 4 **D** More than two

SOURCE: NEW HBSC (Family Affluence Scale)

52. How well off do you think your family is?

- 1 **D** Very well off
- 2 **D** Quite well off
- 3 **D** Average
- 4 **D** Not very well off
- 5 **D** Not at all well off

SOURCE: HBSC 1994,1998 (F27)

53. Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?

- 1 **D** Always
- 2 **D** Often
- 3 **D** Sometimes
- 4 **D** Never

SOURCE: HBSC new item

Maturation

GIRLS ONLY

54. Have you begun to menstruate (have periods)?

- 1 **D** No, I have not yet begun to menstruate
- 2 **D** Yes, I began at the age of

Total number of mandatory items:

108 for 11 & 13 year olds

122 for 15 year olds

